

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED Pagan, Eduardo			VOUCHER NUMBER																																																																																																																												
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:05-030046-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																																																												
7. IN CASE/MATTER OF (Case Name) U.S. v. Pagan		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A-CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE																																																																																																																																
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ASTOR, ROBERT H. 1441 Main St. SPRINGFIELD MA 01103		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) <i>Robert Astor</i> Signature of Presiding Judicial Officer or By Order of the Court 06/15/2005 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Robert H. Astor 1145 Main Street Suite 403 Springfield MA 01103																																																																																																																																
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